## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10828941

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			કુ જ					RATE	FEE	7	RATE	FEE	
FC	DR		NUMBER FILED		NUME	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TC	TAL CHARGE	ABLE CLAIMS	35 minus 20=		*15	-		X\$ 9=		OR	X\$18=	270	
INE	DEPENDENT C	LAIMS	-2 mi	nus 3 =	* 2			X43=		OR	X86=	17 2	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT	·				+145=		OR	+290=	1,50	
* If the difference in column 1 is less than zero, enter "0" in column						column 2		TOTAL		OR	TOTAL	1212	
CLAIMS AS AMENDED - PART II								· .		J	OTHER		
		(Column 1)		(Colun		(Column 3)		SMALL		OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIR						J †	+145=			+290=		
							L	TOTAL		OR	TOTAL		
								DDIT. FEE		OR	ADDIT. FEE		
	·	(Column 1) CLAIMS		(Colum		(Column 3)	1 г		4001			1001	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	_	=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		= .		X43=		OR	X86=		
9	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un.			
								+145=		OR	+290=		
							A	TOTAL DDIT, FEE		OR ,	TOTAL ADDIT. FEE	·	
	(Column 1) (Column 2) (Column 3)								•			•	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	·	
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ODIT. FEE		
		ber Previously Paid					er fouri	d in the app	ropriate box	in colu	ımn 1.		